NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

1 of 2

DOCUMENT # N03648

1. Entity Name

Home, Health and Hope Inc

FILED

03 NOV 17 AM 8:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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REINSTATEMENT 03

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2. Principal Place of Business	3. Mailing Address
3391 NE Silver Springs Blvd	PO Box 565
Suite, Apt. #, etc. G-2	Suite, Apt. #, etc.
City & State Ocala Florida	City & State Silver Springs Florida
Zip 34470 Country US	Zip 34489 Country US

4. FEI Number 59-2911965 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name Horace Nichols

Street Address (P.O. Box Number is Not Acceptable)

101 Water Track

City Ocala FL Zip Code 34472

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Horace L. Nichols Horace L. Nichols 11-7-03

(Signature, typed or printed name of registered agent and title if applicable.) (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS $61.25
Initial or Amended UBR

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	President
NAME	Horace Nichols
STREET ADDRESS	101 Water Track
CITY-ST-ZIP	Ocala FL 34472
TITLE	Vice President
NAME	Pearl Phillips
STREET ADDRESS	990 SE 58th Avenue
CITY-ST-ZIP	Ocala FL 34471
TITLE	Treasury-Secretary
NAME	Rose Wesley
STREET ADDRESS	9 Cedar Tree Pass
CITY-ST-ZIP	Ocala FL 34472
TITLE	Director
NAME	Electra Anderson
STREET ADDRESS	P.O. Box 222
CITY-ST-ZIP	Weirsdale FL 32195
TITLE	
NAME	
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CR2E037B (12/02)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: Horace L. Nichols 11-7-03 3523686768

HOME, HEALTH AND HOPE, INC.

3391 N.E. Silver Springs Blvd., Suite G-2
Mailing Address: P.O. Box 6936, Ocala, Florida 34478
Ocala, Florida 34470

Phone: (352) 368-6768

Uniform Business Report
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32032-1500

RE: Activity Status

To Whom It May Concern:

Enclosed please find a check for $61.25 to reactivate our corporate status. Also enclosed is our Uniform Business Report (UBR).

We understand this is a yearly process, however, we received no notification that we were in arrears. We hope in the future we will be advised prior to the due date so that this experience will not be repeated.

Thank you for your consideration in this matter.

Respectfully submitted,

Horace L. Nichols
President